

PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000083686

1. Limited Liability Company's Name

South West Alternative Health and
Supplies, LLC

700199543157
03/28/11--01054--017 **377.75

CR2E041 (1/11)

10-11

2. Principal Office Address - No P.O. Box #

660 9th Street N.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34102

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/31/09

6. FEI Number

Not Applicable

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Melisa Chew

Street Address (P.O. Box Number is Not Acceptable)

660 9th Street N. Ste #1

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

E-mail Address:

joan.chen/i@hotmaif.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Melisa Chew

Date

3/24/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Melisa Chew	660 9th Street N. Ste #1	Naples, FL 34102

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Melisa Chew

Date

3/24/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager